

U.S. Department of Health and Human Services
National Institutes of Health

NIH Undergraduate Scholarship Program

Applicant Information: Recommendation

Applicant's Instructions:

Please complete Section A. Give this form and one of the envelopes provided to three individuals who can assess your academic, scientific, and other relevant skills and abilities.

Recommender's Instructions:

Please complete Section B and return the form in the envelope provided, or mail to National Institutes of Health Undergraduate Scholarship Program, 7550 Wisconsin Ave., Room 604, Bethesda, Maryland 20892-9121. If you have any questions, please call 1-800-528-7689.

Section A -- The applicant completes this section.

1. **Applicant's Name** (last, first, middle) Please print.

2. Applicant's Certification I certify that I am requesting a recommendation from an individual of my choosing which will be included in my NIH Undergraduate Scholarship Program (UGSP) application. My application, including the completed recommendation forms submitted by my recommenders, will be used by NIH officials to determine my eligibility for participation in the UGSP. I understand that the recommendation I am requesting shall be held in confidence and protected from disclosure by officials of the NIH UGSP according to the Privacy Act System of Records 09-25-0165 (see Assurance of Confidentiality and Privacy Act Notice in this application package). **I understand that by signing below, I will not have access to this recommendation, based on the promise of confidentiality provided to my recommender in Section B of this form and in accordance with Section 552a(k)(5) of the Privacy Act of 1974.**

Applicant's Signature (sign your full name in ink).

Date

Section B -- The recommender completes this section.

Please note that the information provided in this section **shall be held in confidence and protected from disclosure** by the officials of the NIH Scholarship Program according to the Privacy Act System of Records 09-25-0165 only if the applicant's signature appears above (see Assurance of Confidentiality and Privacy Act Notice in this application package).

1. **Name and Title of Recommender**

2. **Name of Organization, Mailing Address, Telephone and E-Mail**

3. **How long have you known this applicant and in what capacity?**

4. Please assess the applicant in the categories below based on your relationship and familiarity with the applicant compared to other students in the same class year.	Outstanding Among the Top 1%	Excellent Among the Top 5%	Good Among the Top 33 1/3%	Average Among the Top 50%	Below Average Below the Top 50%	N/A No basis for Judgment
Interest in science						
Ability to complete projects accurately and timely						
Writing skills						
Analytical problem-solving skills						
Oral communication skills						
Rapport with peers						
Rapport with faculty or supervisor						
Ability to adapt to new situations						
Initiative						
Curiosity						
Creativity						
Observation skills						

5. Please assess the applicant's potential for a career in biomedical research and share any observations and inferences that would be useful in predicting this applicant's potential to become a biomedical researcher. For example, your comments may include your assessment of some of the following attributes: scientific aptitude, creativity, curiosity, initiative, work habits, and peer relationships.

6. The UGSP scholars will be required to fulfill two service obligations: (1) During the academic year of scholarship receipt, the UGSP scholars will be required to work as NIH employees in the NIH research laboratories for 10 consecutive weeks during the months of June, July, and August. (2) Upon graduation (unless a deferment is granted by the UGSP) scholars are required to begin their service obligation. UGSP scholars incur 1 year of obligated service for each full or partial year of support and are obligated to serve as full-time NIH employees in an NIH research laboratory to fulfill this service obligation. (The maximum service obligation is 4 years.)

Do you have any reason to believe that the applicant may NOT satisfy either of these service requirements? If so, please explain.